

# STATE OF MAINE

## ***BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS & INTERIOR DESIGNERS***

### **APPLICATION FOR LICENSE**



Department of Professional and Financial Regulation

Office of Licensing and Registration  
35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207) 624-8522

TTY/HEARING IMPAIRED: (207) 624-8563

Fax Line: (207) 624-8637

email: [kimberly.j.baker-stetson@maine.gov](mailto:kimberly.j.baker-stetson@maine.gov)

Office located at: 122 Northern Avenue, Gardiner, Maine 04345



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
BOARD OF ARCHITECTS, LANDSCAPE  
ARCHITECTS AND INTERIOR DESIGNERS  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

JOHN ELIAS BALDACCI  
GOVERNOR

ANNE L. HEAD  
DIRECTOR

## HOW TO BECOME LICENSED AS AN INTERIOR DESIGNER IN THE STATE OF MAINE

The certification of interior designers is a title law in this state. Anyone may provide interior design services, however, only persons so certified by this Board may use the title "Certified Interior Designer" or "Licensed Interior Designer".

Applicants for certification **must** successfully complete the examination administered by the National Council of Interior Design Qualification (NCIDQ). To qualify for the examination applicants must meet the following education and training requirements as set forth below. NCIDQ may be contacted on the internet [www.ncidq.org](http://www.ncidq.org) or by phone (202) 721-0220.

Education	Work Experience
5 Years	1 Year
4 Years	2 Years

Once the exam has been completed an application for certification shall consist of :

1. State of Maine Application
2. \$100.00 Application Fee (Make checks payable to "Treasurer State of Maine")
3. Criminal Records Check (\$15 fee included with application fee above)
4. NCIDQ record (you must tell NCIDQ to send it to us)
5. Evidence of Current Standing in other State (if applicable)

<input checked="" type="checkbox"/> If Denied:	<input checked="" type="checkbox"/> If Approved:
Applicant will be Notified in Writing of deficiencies and has 30 days to Appeal	Applicant Sent Approval Letter
	License Number is issued through Licensing system
	Renew License annually on June 30 <sup>th</sup> Renewal forms mailed out in April

VOICE: (207)624-8522

PRINTED ON RECYCLED PAPER  
(207) 624-8563 (HEARING IMPAIRED)

FAX: (207)624-8637

[www.maineprofessionalreg.org](http://www.maineprofessionalreg.org)

OFFICES LOCATED AT:

122 NORTHERN AVENUE  
GARDINER, MAINE 04345

[Kimberly.j.baker-stetson@maine.gov](mailto:Kimberly.j.baker-stetson@maine.gov)

**Mail To:** 35 State House Station  
Augusta, ME 04333-0035  
**Overnight Mail:**  
122 Northern Ave., Gardiner, ME 04345  
**TEL**(207) 624-8522 **FAX**(207) 624-8637  
**TTY**(207) 624-8563

**DATE RECEIVED**

**For Office use Only:**

**Amount:** \_\_\_\_\_

**Check #:** \_\_\_\_\_

**Cash #:** \_\_\_\_\_

**Make checks payable to: "TREASURER STATE OF MAINE" ALL FEES ARE NON-REFUNDABLE**

☒ **LICENSE TYPE:**    ☐ **ARCHITECT**    ☐ **LANDSCAPE ARCHITECT**    ☐ **INTERIOR DESIGNER**

<input checked="" type="checkbox"/>	TYPE OF APPLICATION	FEE
	EXAM (LARE)(ARE) 1447	\$100
	RECIPROCITY 1446	\$100
	NCARB * 1446	\$100
	CLARB ** 1446	\$100
	NCIDQ*** 1446	\$100
	LICENSE/RENEWAL FEE 1421 1422 1424	\$60/ \$60/\$60

**INSTRUCTIONS:** \*National Council of Architectural Registration Boards (NCARB), \*\*National Council of Interior Design Qualification (NCIDQ), and \*\*\*Council of Landscape Architectural Registration Boards (CLARB) applicants need only to complete pages 1 and 4 and have the organization forward your record to this office. All reciprocal applicants must complete all pages and have your transcripts forwarded to the office. Architect examinees with Intern Development Program (IDP) records must have NCARB forward their completed IDP record to this office.

**NOTICE:** This application is a public record for purposes of the Maine Freedom of Access Law, 1 MRSA §401, et.seq. Public records must be made available to any person upon request. Your application for licensure is a public record and information that you supply as part of the application (other than your social security number) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Your name, license number and the mailing address listed on your application will be available to the public and may be posted on our website.

**NAME:**

**LAST**

**FIRST**

**MI**

**DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **LEGAL RESIDENCE:** \_\_\_\_ CITY STATE

**MAILING ADDRESS: BUSINESS NAME** \_\_\_\_\_

**ST or P.O. BOX** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE:** (\_\_\_\_) \_\_\_\_\_ **(W)** **PHONE:** (\_\_\_\_) \_\_\_\_\_ **(H)**

**SOCIAL SECURITY #:** \_\_\_\_\_

*The following statement is made pursuant to the Privacy Act of 1974§7(B). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for Tax Administration purposed pursuant to 36 M.R.S.A §175 as authorized by the Tax Reform Act of 1975 (42U.S.C.§405(C)(2)(C)(I). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. §191.*

1. If applying by reciprocity, with which state are you applying?  
(Enclose Certificate of Good Standing) \_\_\_\_\_
2. Do you hold a license in any other state? ☐ YES ☐ NO
3. Have you ever had a license refused or revoked in any State? ☐ YES ☐ NO
4. If yes, Name of State: \_\_\_\_\_ Explain: \_\_\_\_\_
5. Have you ever been convicted of any crime by any court? ☐ YES ☐ NO  
If yes, please list date(s), crime(s) and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

**PAGE 2 - Practical Experience****Name in Full:**

Full Name & Complete Address Of Current Employer	Dates of Employment Give Month & Year	Total Time Employed		General Practice	Teaching & Research	Public Service	Other - Explain*
		Part* Time	Full Time				
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						
	From						

\*If part-time work is noted, state average number of hours per week. \*\* If "other" kinds of work are noted, describe.

## PAGE 3 - Education

### Name in Full:

Colleges, Universities, Technical Schools	Dates of Attendance (From – To)	Degrees

\*\* Reciprocal and exam applicants please attach an official copy of your transcript\*\*

### REFERENCES

Name three professionals who are personally acquainted with your abilities, experience and performance. Please make sure addresses are complete and current.

1

2

3

## PAGE 4 - Signatures

Name in Full:

Affidavit & Notarization	
The undersigned, being duly sworn, upon his/her oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect.	
	_____
	Signature of Applicant
State of:	
County of:	

<p>I, _____, a Notary Public in and for said County , in the State aforesaid, DO HEREBY CERTIFY that</p> <p>_____</p> <p>Personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth.</p> <p>_____</p> <p>GIVEN UNDER MY HAND AND NOTARIAL</p> <p>THIS                      DAY OF                      /                      /</p> <p>NOTARY PUBLIC</p> <p>MY COMMISSION EXPIRES:</p> <p>_____</p> <p>NOTARIAL SEAL</p>	<p>AFFIX PHOTO HERE (BUST ONLY)</p>
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**FEE: \$15**

(You may pay with **one** check that includes both the license fee **and** the criminal records check fee.)

## CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

Complete the box below and return this form with your license application and fee.

### PRINT IN INK ONLY

Name: \_\_\_\_\_  
Last First Middle

Complete Mailing Address: Street/P O Box \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Social Security/Federal I.D. #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

All other names used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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(207) 624-8563 (HEARING IMPAIRED)

PHONE: (207)624-8522 OFFICE PHONE

FAX: (207)624-8637

OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER, MAINE



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF LICENSING & REGISTRATION  
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### ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

---

**NAME:** \_\_\_\_\_

—

**ADDRESS:** \_\_\_\_\_

**PHONE:** (       ) \_\_\_\_\_ **SOCIAL SECURITY #**

\_\_\_\_\_

ACCOMMODATIONS REQUESTED FOR THE  
\_\_\_\_\_ EXAMINATION.

(CHECK ALL THAT APPLY):

- ☐ ACCESSIBLE TESTING SITE
- ☐ SEPARATE TESTING AREA
- ☐ BRAILLE
- ☐ LARGE PRINT
- ☐ TAPE
- ☐ READER AS ACCOMMODATION FOR VISUAL IMPAIRMENT
- ☐ SCRIBE/AMANUENSIS AS ACCOMMODATION FOR VISUAL OR MOTOR IMPAIRMENT
- ☐ READER AS ACCOMMODATION FOR LEARNING DISABILITY
- ☐ SCRIBE/ANANUESIS AS ACCOMMODATION FOR LEARNING DISABILITY
- ☐ SIGN LANGUAGE INTERPRETER
- ☐ EXTENDED TIME
- ☐ TIME-AND-A-HALF
- ☐ DOUBLE TIME
- ☐ MORE THAN DOUBLE TIME (SPECIFY): \_\_\_\_\_
- ☐ USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT (SPECIFY): \_\_\_\_\_
- ☐ OTHER \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

SOME ACCOMMODATION REQUESTS MAY REQUIRE ADDITIONAL DOCUMENTATION  
(see reverse)





OFFICE PHONE: (207)624-8521

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FAX: (207)624-8637

(207)624-8653 (HEARING IMPAIRED)  
OFFICES LOCATED AT: 122 NORTHERN AVENUE,  
GARDINER, MAINE

## DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATION PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.

I have known \_\_\_\_\_ since \_\_\_\_\_ in my capacity as  
a  
(test applicant) (date)

\_\_\_\_\_  
(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all that apply)

- ☐ TAPED TEST
- ☐ LARGE PRINT TEST
- ☐ READER
- ☐ SCRIBE/AMANUENSIS
- ☐ EXTENDED TIME:
- ☐ TIME-AND-A-HALF
- ☐ DOUBLE TIME
- ☐ MORE THAN DOUBLE TIME (PLEASE JUSTIFY)
- ☐ SEPARATE TESTING AREA
- ☐ USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT (PLEASE SPECIFY):

OTHER (PLEASE SPECIFY): \_\_\_\_\_

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ LICENSE # (if applicable): \_\_\_\_\_



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### AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application.  
**Payment through credit cards will not be processed without this authorization form.**

<b>Name of applicant:</b> (fees being paid for)		
<b>Mailing Address of applicant:</b> (fees being paid for)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Telephone #:</b> (____) _____ - _____	
<b>Name of cardholder:</b> (if other than applicant)		
<b>Mailing Address:</b> (if other than applicant)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

[ ☐ ] Visa      [ ☐ ] MasterCard \_\_\_\_\_  
\_\_\_\_\_ Card number

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ in the amount of: \$ \_\_\_\_\_

Signature: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_/\_\_\_\_

Date:

(207) 624-8522

  
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MAINE

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